

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0309374	
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1570' FSL X 1680' FWL		8. FARM OR LEASE NAME G. L. Davis	
14. PERMIT NO.		9. WELL NO. 1E	
		10. FIELD AND POOL, OR WILDCAT Basin DK/Amarillo GLP	
15. ELEVATIONS (Show vertical depth of casing) 5993' GR		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA NE/SW Sec 27, T28N, R13W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

RECEIVED
MAY 23 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PLUG OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Additional Completion</u> <input checked="" type="checkbox"/>	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up service unit on 4-1-85. Total depth of the well is 6400' and plugback depth is 6356'. Pressure tested production casing to 3500 psi for 30 minutes. set a drillable bridgeplug at 5650'. Perforated the following Lower Gallup intervals: 5456'-5466', 5466'-5486', 5486'-5506', 5506'-5526', 5526'-5546', 5546'-5566', 2 jspf, .40" in diameter, for a total of 220 holes. Fraced interval 5456'-5566' with 80,000 gal 20# gel and 85,000# 20-40 brady sand. Set a retrievable bridgeplug at 5420'. Perforated the following Upper Gallup intervals: 5288'-5308', 5308'-5318', 5358'-5366', 4 jspf, .45" in diameter, for a total of 152 holes. Fraced Upper Gallup interval 5288'-5366' with 60,000 gal 20# gel and 55,000# 20-40 sand. Retrieved bridgeplug at 5420' and drilled out bridgeplug at 5650'. Set a sliding sleeve at 5690' and a packer at 5693'. Landed 2-3/8" tubing at 6253' and released the rig on 5/10/85. Isolated Gallup zone with sliding sleeve to run GOR test on Dakota zone. Isolated Dakota zone with sliding sleeve to run GOR test on Gallup zone.

18. I hereby certify that the foregoing is true and correct

SIGNED BA Shaw TITLE Adm. Supervisor DATE 5-21-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FAR _____

BY GA